

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

101058,661

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 13                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 13 minus 20 =            | -            |
| INDEPENDENT CLAIMS               | 5 minus 3 =              | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

• If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X42=      |        | OR X84=      | 168    |
| +140=     |        | OR +280=     |        |
| TOTAL     |        | OR TOTAL     | 908    |

## CLAIMS AS AMENDED - PART II

| 7-28-05  |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | 13  | Minus                                       | 20                       |
|  | Independent | 5   | Minus                                       | 5                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X42=            |                        | OR X84=            |                        |
| +140=           |                        | +280=              |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| 11-7-05  |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | 13  | Minus                                       | 20                       |
|  | Independent | 5   | Minus                                       | 5                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X42=            |                        | OR X84=            |                        |
| +140=           |                        | +280=              |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| 4-7-06   |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | 13  | Minus                                       | 20                       |
|  | Independent | 5   | Minus                                       | 5                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X42=            |                        | OR X84=            |                        |
| +140=           |                        | +280=              |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 2.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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